

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estabillo Adult Residential Care Home	CHAPTER 100.1
Address: 92-691 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: February 18, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; FINDINGS Primary care giver (POG) - There was documentation of one (1) hour of training. Submit documentation of five (5) hours of training sessions with your plan of correction (POC).	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> <i>I obtained a copy of a training class/Session from my meeting place. See attached.</i> </p>	<p align="center"><i>4/7/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver (PCG) - There was documentation of one (1) hour of training. Submit documentation of five (5) hours of training sessions with your plan of correction (POC).</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>Quarterly, I have inservice at my working place, when completed I will add for a copy of the class & completion certificate and put it in my employee binder right away. In December, I'll make sure I have six hours of inservice documented.</p>	<p>7/12/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Consistent carbohydrates diet. Regular texture, regular (thin) consistency. Renal & Cardiac diet. No canned foods, no orange juice, no apple juice" ordered 3/14/20 is not followed. <div style="text-align: right;"> NGNSJN17 STATE DOH-CHCA HAWAII STATE OF ESTATE 07:6V 21 JUP 12. </div>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>> & received diet order from Physician on 2/24/21 for regular diet.</i> </p>	<p style="text-align: center;">7/12/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div> <input checked="" type="checkbox"/> </div> <p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - "Consistent carbohydrates diet. Regular texture, regular (thin) consistency. Renal & Cardiac diet. No canned foods, no orange juice, no apple juice" ordered 3/14/20 is not followed.</p> <div> <div>STATE OF HAWAII</div> <div>DOH-DHCA</div> <div>STATE LICENSING</div> </div> <div> 07:54 21 JUN 12. </div>	<div> <div>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</div> <div> <div>PART 2</div> <div><u>FUTURE PLAN</u></div> </div> </div> <p>When I received a completed diet order, I will call DHCA notification for completion.</p>	<div>7/12/21</div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. FINDINGS Resident #1 - Physician order for "Lisinopril 20 mg oral tab Take 1 tablet by mouth daily" was changed to "20 mg BID" on 2/1/21. The label was altered by the PCG to reflect the change to "20 mg BID."	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I will not make changes to the pharmacy label. I will have the physician make the changes.</i></p>	<p style="text-align: center;">7/12/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. <u>FINDINGS</u> Resident #1 - Physician order for "Lisinopril 20 mg oral tab Take 1 tablet by mouth daily" was changed to "20 mg BID" on 2/1/21. The label was altered by the PCG to reflect the change to "20 mg BID."	<p style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> </p> <p> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>When the family take the resident to the doctor if there changes to the prescription label. I will take the bottle of the medication to the physician to change the label of the bottle.</i> </p>	<p style="text-align: center;"> <i>5/12/21</i> </p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1 - 16 Personal care services: (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. <u>FINDINGS</u> Resident #1 - No schedule of activities.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>Yes, schedule of activities has been prepared & the attached schedule of activities.</i></p>	<p align="center"><i>4/1/20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. <u>FINDINGS</u> Resident #1 - No schedule of activities. DIVISION OF LICENSING STATE OF HAWAII 04:6V 21 JUL 12.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will use the ARCH resident admission checklist so that I have all the admission documents completed</i></p>	<p style="text-align: center;">7/12/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> The permanent general register did not include the day care resident.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> <i>Yes, permanent general register has been updated and included, and should be placed in residents register. See attached form</i> </p>	<p align="center"><i>4/1/21</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS All SCGs - No documentation of training for blood sugar checks. Submit documentation of the training for each with the POC.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Yes, Documentation of Training for blood sugar checks has been provided. See attached Training Checklist.</i> </p>	<p style="text-align: center;">8/28/21</p>

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<input checked="" type="checkbox"/> § 11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS All SCGs - No documentation of training for blood sugar checks. Submit documentation of the training for each with the POC.	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>For the future, we will make sure that documentation of training should be provided and implemented to all my substitute caregivers in that way they should follow the proper procedure of checking blood sugar checks.</p>	<p>2/28/21</p>

APR 12 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment, (j)(1)</u> Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; FINDINGS Bedroom receptacles did not have tight fitting covers.	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, receptacle with tight fitting cover has been provided and placed in bedroom.</i></p>	<p><i>2/21/21</i></p>

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APR 12 2024

Licensee's/Administrator's Signature: Martinez

Print Name: MARY ANN ESTABILL

Date: 4/11/21

Licensee's/Administrator's Signature: Martinez

Print Name: MARY ANN ESTABILL

Date: 7/12/21

APR 12 2021